Council - Honoraria/Expense - Claim Form

Month Ended August 31, 2015

Name Marc Gressler

Approved by: [redacted]

Approved by: [redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
7th Aug	Land Use Bylaw	Full Day	$271	14						
10th Aug	SDAB hearing	1/2 Day	$170	14						
13th Aug	Land Use Bylaw	Full Day	$271	14						
17th Aug	SDAB hearing	1/2 Day	$170	14						
18th Aug	Council Meeting	Over 8 Hrs.	$430	14						
24th Aug	Strategy Meeting	Full Day	$271	14						
24th Aug	Physicians Recruitment	1/2 Day	$170	10						
25th Aug	Strategy Meeting	Full Day	$271	14						
26th Aug	SDAB hearing	1/2 Day	$170	14						
	Resident Concerns		$1,084.00							
	Deputy Reeve Pay		$155.00							
	Communication Allowance (Other)					$250.00				
TOTALS			$3,433.00	122		$250.00				

IF AMOUNTS DO NOT CALCULATE PRESS F9

Notes

Total Honoraria	$3,433.00
Total Expenses	$250.00
Total Mileage	$65.88
TOTAL CLAIM AMT:	$3,748.88

I hereby certify that the whole of the expenditure was incurred on County business, that each item given is correct, and that amounts claimed have not previously been paid to me or on my behalf.

Date: 3rd September 2015.

Signature: [redacted]